

To : Stephen Hampton
 From : David DeJesus Sr
 Date : 5-29-07
 RE : Problem big time Please help read.

I have wrote a nurse up for giving a shot with out the Dr order I been sicker & in more pain now they stop the liver meds because I am not a good candidate. no meds at all now. what?

on the 5-24-07 that same nurse was going to give me a shot for T-B I said I have one already and I test - "t" all the time, she said they did not read them, I said its not my doing that they did not do there job, that show if I did have T-B this Hold Jail would have it because C-M-S did not do there job.

so she went to the 90 and they put me in a restrictive setting, they took all my things, and I want to know where are all the other guys who refuse also?

This is wrong I am to sicker and in pain and now the Dr said that I am not a good candidate for these meds, they got me sicker and in more pain is it right to pay because C-M-S did not do there job? Please Help me

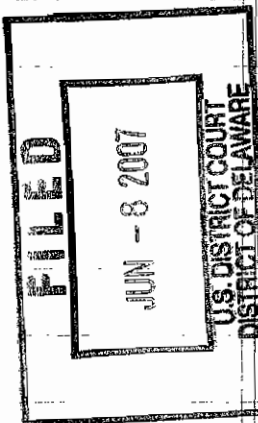
Thank You

David DeJesus Sr

PS for pain all I get is

a Vanilla creme nutrition,

PS and was classifi again to max for the write up at H-R-V-C-I I did my time for that, and still paying for it.



To : US District court
 From : David DeJesus Sr
 Date: 5-29-07
 RE : Problem is being put in restrictive setting being sicker & more pain because of the lawsuit sue schappell who run c-m-s not caring

I can't believe that how sick I am, that they are putting me in a restrictive setting because of a nurse that I wrote up and add her to the lawsuit michelle ward 5-24-07 she was going to give me a shot for T-B I said I got one of them already, she said they did not read it, I said that a nurse & Dr said it was OK, so if I was with T-B this Hold Jail would of getting it because c-m-s did not do there job, Thank God I dont and on T-B I always test "+"

I wrote michelle ward up and they still let her around me knowing that she was wrote up for a lot of things, one was for giving me a shot with out the Dr order, so should I trust this woman? then she tell the Co and they wrote me up and put me in a restrictive setting, knowing that she can do to me what ever she want and sue schappell letting her.

Now I can't take the liver meds because it make me sicker, Dr said you not a good candidate now they put me there this knowing how sick & painful I am in.

I need out side help before this c-m-s killer kill me and I want to know how come the other guys who refuse also are not down here and is it right to pay for something c-m-s did?

Thank you
 David DeJesus Sr

**NOTICE OF DISCIPLINARY HEARING
FOR CLASS II/CLASS I OFFENSE**

TO: Inmate: Dejesus, David Number: 209513 Location: Hu #4 B/a

1. You are hereby ordered to appear before Hearing Officer L. C. Smith
after 1205, after 5/28/07, at S.C.I. HEARING OFFICE.
(Time of Day) (Date) (Location)

2. At the time, a hearing will be held to determine whether you violated the following Institutional Rule(s) as alleged in the attached Disciplinary Report: (State specific rule violated:

203 Creating a Health, Safety, or Fire Hazard, 206 Falsely Reporting an Incident.

3. A Class II Offense is a rule violation in which the extent of the sanction imposed shall be restricted to: a. Written Reprimand; b. Loss of one or more privileges for a period of time of more than 24 hours but less than 5 days; c. Confinement to assigned quarters not to exceed 5 days.

4. A Class I Offense is a rule violation in which the extent of the sanction to be imposed shall be restricted to: a. Loss of one or more privileges for a period of time of more than 24 hours but less than 90 days; b. Confinement to assigned quarters for a period of time not to exceed 15 days; c. Isolation confinement for a period of time not to exceed 90 days; d. Loss of good time for a period of time not to exceed up to all earned good time; e. Restitution. Forfeiture of accumulated good time shall be subject to the approval of the Commissioner or his designee.

5. You have rights in the disciplinary process as stated on the back of this page. These have been fully explained to you at the time of this notification.

I certify that on 5/27/07 at 1205, (1) I served upon the above inmate Notice of
(Date) (Time)

Disciplinary Hearing for Class I/Class II Offense; and (2) the Disciplinary Report is attached hereto.

[Signature]
(EMPLOYEE SIGNATURE)

[Signature]
(INMATE SIGNATURE)

Class II Offense Inmate Rights in the Disciplinary Process

Right to Remain Silent: If you are charged criminally based upon the same facts giving rise to the disciplinary process, you have the right to remain silent at the Disciplinary Hearing. If you choose to remain silent your silence will not be considered against you at the Disciplinary Hearing may be considered against you.

Presence: You have the right to be present at all phases of the hearing, except that you may be excluded during the Hearing Officer's deliberations and at any time your behavior becomes disruptive to the proceedings. Reasons for such exclusions shall be stated in writing.

Impartial Hearing Officer: You have the right to be heard by an impartial Hearing Officer who shall not have witnessed the incident in question, been involved in preparation of the charge, or otherwise biased against you. Such Hearing Officer shall not have had supervisory responsibility over you during the six months immediately preceding the hearing and shall be of a rank no lower than Sergeant.

Make Statement and Present Evidence: You have the right to make a statement and present any reasonable evidence, including written statements from others, in your behalf.

Record of Findings: You have the right to receive a written record of the disciplinary hearing. Such records shall state the findings of the Hearing Officer, summarize the evidence relied upon, and will state the sanctions imposed if any.

Appeal: You have the right to appeal the decision of the Class II Hearing Officer to the Class I Hearing Officer. At the Disciplinary Hearing you will be provided with an appeal form. Execution of any sanctions imposed by the Hearing Officer UNLESS YOU INDICATE ON THE APPEAL FORM THAT YOU DO NOT INTEND TO APPEAL.

The purpose of the automatic stay is to afford you time to decide if you want to appeal. If you file an appeal within (72) hours immediately following the hearing, the Hearing Officer MUST stay the execution of the sanction until an appeal decision is rendered. If you do not file an appeal within (72) hours immediately following the hearing OR if you indicate on the appeal form that you do not want to appeal, the sanction shall be executed. The (72) hour time limit will run only while you are incarcerated at the INSTITUTION.

Class I Offense: (All of the above plus the following)

Pre-Hearing Detention: You have the right to remain in your existing status until the hearing unless you become a sufficient threat to other inmates, staff members, or yourself to warrant pre-hearing detention. If pre-hearing detention is ordered by the shift supervisor of your unit, that order must be reviewed by the Warden or his designee every (24) hours. Failure to do so will cause you to be returned to your previous status. Any time spent in pre-hearing detention will be credited against any sanction imposed.

Copies of Written Information: You have the right to receive copies of any written information which the Hearing Officer may consider except where disclosure of such information would be unduly hazardous to institutional safety or would endanger the physical safety of an individual, reasons of non-disclosure, its contents will be summarized for you to the extent this may be done without creating a substantial risk to institutional safety.

Call Witness: You have the right to call witnesses on your behalf unless doing so would be irrelevant, redundant, or unduly hazardous to institutional safety, or would endanger the physical safety of any individual; such reasons to be stated in writing.

Counsel: You have the right to consult with substitute prior to the hearing. You may be accompanied by a counsel substitute who may be either a staff member or an approved inmate. The extent to which counsel substitute may present your case at a disciplinary shall be within the discretion of the Hearing Officer, taking into consideration such factors as your literacy, intelligence, the complexity of the issues under consideration, and other factors which may prevent you from making a complete presentation on your behalf.

Confront Accuser: You have the right to confront your accuser (the author of the Disciplinary Report) and all witnesses who testify against you unless doing so would be unduly hazardous to institutional safety or would endanger the physical safety of the witness; such reasons for denial to be stated in writing.

Appeal: The Class I appeal procedures are the same as the Class II with the exception that all Class I appeals will be heard by the institutional Warden.

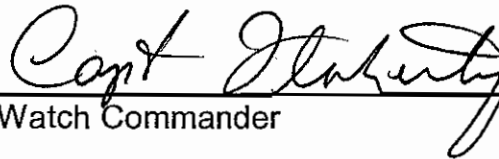
NOTICE OF ADMINISTRATIVE TRANSFER

DATE: 5-24-07

NAME: David DeJesus

SBI: 00209513

The undersigned believes that your behavior and / or attitude may warrant confinement to a more restrictive setting. Consequently, you are hereby administratively transferred to Behavior Mod pending completion of an investigation, disposition of pending charges, and / or reclassification.



Watch Commander

cc: Inmate File

FORM # 206
(G&P)

5-c-2
name David DeJesus sr

Date 5-24-07

SBI 201513

Flowing unit MSB-F

Time of incident ongoing

I need help I was put in restrictive setting because of a nurses name "M-word", I been having problem with her, I even put in a medical Grievance and still no help, I have put her on the lawsuit also she give me a shot on 5-9-07 with out the Dr order, so now she go to give me a T-B shot, I said I got one on the day I come in 3-29-07 and was told it was good, I told her I will not take it again its not my doing if they did not do there Job and if they did not come in read it like they should off, this Jail would of got T-B, but thank God I dont because a nurse & Dr told me I was ok when I was in the INF I am to sick to e put thour this & in pain my liver is giving up is that righth?

Action Requested: To help me fix this, I am in pain & sick with a bad liver please look into this, I wish that this nurse can

Disciplinary#
7974

SCI Sussex Correctional Institution

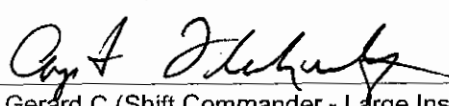

Date: 05/24/2007

PO Box 500

GEORGETOWN DE, 19947

Phone No. 302-856-5280

DISCIPLINARY REPORT

Disciplinary Type: <u>Class 1</u>		Housing Unit: <u>PRE-TRIAL</u>		IR#: <u>16229</u>	
SBI#	Inmate Name	Inst. Name	Location Of Incident	Date	Time
00209513	Dejesus, David	SCI	MEDICAL	05/24/2007	11:00
Violations: 2.03/200.106 Creating a Health, Safety or Fire Hazard, 2.06/200.108 Failing to Obey an Order					
Witnesses: 1. <u>Smith, Arden</u> 2. <u>N/A</u> 3. <u>N/A</u>					
Description of Alleged Violation(s)					
Inmate Refused <u>Annual</u> Ppd Plant. Inmate Was Instructed On Necessity Of Annual Ppd'S. Inmate Still Refused To Have Ppd Planted. Inmate Was Asked To Sign Refusal And Refused To Sign Refusal Due To " <u>What His Lawyer Told Him.</u> " Inmate Was Told That He Needed To Have Ppd Or He Would Be Isolated. Still Refused Ppd Plant. Inmate Sent Back To Housing Unit. Sue Schappell, Don And Flaherty, Watch Commander At This Time Was Notified Of The Situation.					
Reporting Officer: <u>Ward, Michelle</u> (Contractors - Medical)					
Immediate Action Taken					
Immediate action taken by: <u>Ward, Michelle -Contractors - Medical</u>					
Watch Commander And Sue Schappell Notified Of Refusal.					
Offender Disposition Details					
Disposition: <u>N/A</u>		Date: <u>N/A</u>	Time: <u>N/A</u>	Cell secured? <u>No</u>	
Reason: <u>N/A</u>					
Disposition Of Evidence: <u>N/A</u>					
Approval Information					
Approved: <input checked="" type="checkbox"/> Disapproved: <input type="checkbox"/> Approved By: <u>Flaherty, Gerard C (Shift Commander - Large Inst.)</u>					
Comments: <u>To Lt Smith</u>					
Shift Supervisor Details					
Date Received: <u>5/24/07</u>		Time: <u>1340</u>	Received From: <u>M. Ward</u>		
Shift Supervisor Determination:					
<input type="checkbox"/> Upon reviewing this Disciplinary Report, I conclude that the offense may be properly responded to by an immediate revocation of the following privileges(see reverse side) for _____ hours not to exceed 24 hours)					
<input checked="" type="checkbox"/> Upon reviewing this Disciplinary Report, I conclude that the offense would be properly responded to by Disciplinary Hearing.					
 Flaherty, Gerard C (Shift Commander - Large Inst.)					
I have received a copy of this notice on DATE: <u>5/27/07</u> TIME: _____ and have been informed of my rights to have a hearing and to present evidence on my own behalf. I understand, if found guilty, I will be subject to imposition of sanctions outlined in the Rules of conduct.					
Preliminary Hearing Officer:					
		Offender: _____ Dejesus, David			

"Annual. How come, if I been here not a year, date I came in 3-29-07



Correctional Medical Services

Informed Consent for the Intervention of Hepatitis C with Interferon and Ribavirin Therapy

I have been informed that I am infected with the Hepatitis C virus and due to this I am formally requesting treatment to be initiated by the medical staff in the medical unit. The physician has fully advised me regarding the Hepatitis C virus' natural history, its effect on my health, and the steps I can take in order to decrease the impact of the disease on my health. I understand that treatment with medications works in only some people, and that staying away from alcohol and drugs that are not prescribed by a doctor are equally important to helping me, whether or not I take the medications to get rid of the virus.

Furthermore, I have been advised by the physician that treatment, which most often involves two medications, one injected and the other by mouth may not be effective in treating my Hepatitis C virus infection. These medications might even make my liver worse, and they would have to be stopped. The overall chance of successful treatment is roughly equal to the chance of unsuccessful treatment.

I understand that there are numerous and potentially life threatening side effects that may occur during and after medication therapy. Birth defects are a special problem: Severe and potentially life-threatening birth defects could result if I am female and I become pregnant, or if I am male and either make a woman pregnant or have sex with a pregnant woman. This danger persists for up to six months following the last dose of medication for hepatitis. By signing this form, I pledge to use two forms of contraception (for example both a condom and birth control pills) when having sex for six months following my last dose of medication.

Side effects may include a "flu" like illness including muscle aches and loss of appetite; many potential mental problems, like depression, irritability, uncontrollable anger, and other problems. The medication can also cause gastrointestinal upset or bleeding, heart problems, kidney problems, lung problems, and anemia (low blood counts). The medication also can cause an increased potential to get other infections, and there have been cases where infection is deadly. Sleep disturbances and hair loss are also common side effects. Numerous other side effects may occur and will be monitored with routine laboratory studies and clinic visits. In the event a side effect of the medication does occur, then treatment will be altered accordingly.

I understand that after **12 weeks** of therapy, I will be evaluated for response to the therapy. At that time a decision will be made as to whether continued therapy is appropriate for my condition, or if the health care team should focus on interventions without the medications. I further understand that compliance with the therapy regimen **(taking the medicines as ordered)** is vital to the success of the therapy.

Noncompliance with therapy regimen can result in the stopping of the medication therapy.

Regardless of treatment outcome, I am fully aware that maintaining my overall health offers the best opportunity to long term survival with Hepatitis C virus. By signing this document, I acknowledge that I have read the above information, and it has been explained to me by a health care provider. Further, I have had an opportunity to ask questions about my proposed treatment.

<p><u>David Dejesus Jr</u> Inmate Signature and Number</p> <p><u>David J. Smith, M.D.</u> Physician/Health Care Provider Signature</p> <p><u>Brenda Cameron, RN</u> Witness Signature and Title</p>	<p><u>3-30-07</u> Date</p> <p><u>3.30.07</u> Date</p> <p><u>3-30-07</u> Date</p>
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Original for Medical Record File – you may make a copy for the Patient

To Who can help me
From David De Jesus sr
Date 5-25-07
RE Help

My name is David De Jesus sr # 209513, I need help, I am to sick to be here my liver is bad and I'm in pain, I will take the T-B shot, Please help me & God Bless

Thank you
David De Jesus Sr

PS. I did took the shot on 5-25-07 and if you can where is my things please.

To The warden
 From David DeJesus sr
 Date 5-25-07
 RE C-M-S - Yes I do want to appeal

I am having problem with the medical Dep, I come from H-R-Y-L-I because I put a lawsuit on them for not helping me, now C-M-S here is not caring also I been having problem also with a nurse - michelle ward, I did wrote a medical Grievance said what she has done and why did the other Guy's who refuse the T-B shot was not wrote up our put in the restrictive setting and was wrote up and put in MSPA?

I am to sick and in pain to go thour this, on T-B test I alway test "+", michelle ward when she want to give me a shot, I dont want this woman because she give me a shot with out the Dr order and I have a T-B shot when I came in 3-29-07 so if they did not need it, Its not my doing, now think if I did had T-B this Hold Jail would of Getting it because medical did not do there job, but nurse & Dr said it was good the first T-B shot Thank God. so I have to pay for C-M-S not doing there Job.

cc

us District court
 my lawyer
 commissioner
 my self

Thanks you
 David DeJesus sr

PS. I am to sick to be put on this floor is that right

FORM #584

GRIEVANCE FORMFACILITY: S-C-I DATE: 4-12-07GRIEVANT'S NAME: David De Jesus sr SBI#: 209513CASE#: _____ TIME OF INCIDENT: on goingHOUSING UNIT: M-S-B-F

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I want to know why I can't get copy's from the law library done if I don't have money, some of these copy's are a lawsuit that I have in H-R-Y-I-C my lawyer ask me to send the commissioner, but they said its not legal, I want to know why I can't get copy's because I have a lawsuit on H-R-Y-I-C or is it taking it out on me also these copy's are for the commissioner, and he has been working helping me

ACTION REQUESTED BY GRIEVANT: To get these copy's done its a lawsuit case that the us court also need copy so why said no, its not free my family pay when they send money in and copy's of the law library Rule's

GRIEVANT'S SIGNATURE: David De Jesus sr DATE: 4-12-07

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

GRADY & HAMPTON, LLC

6 NORTH BRADFORD STREET
DOVER, DELAWARE 19904

JOHN S. GRADY
STEPHEN A. HAMPTON
LAURA F. BROWNING

DOVER (302) 678-1265
SUSSEX (302) 855-1313
FAX (302) 678-3544

March 21, 2007

Joseph R. Biden, III, Attorney General
Carvel State Office Building
820 N. French Street
Wilmington, DE 19801

RE: Inmate David DeJesus, Sr., SBI# 209513

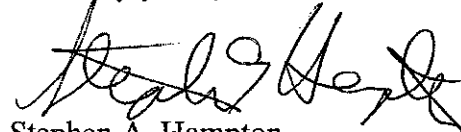
Dear Attorney General Biden:

I have been contacted by David DeJesus, Sr. who I now understand is suffering from liver failure and who is critically ill. As you will see by the letters that I have sent to you, he has been disciplined apparently for failing to participate in the proper "Key" program. Putting aside that these programs are of highly questionable value, I question why he is being disciplined for failing to enroll in a treatment program when he is critically ill and not receiving medical care. The recurring theme of many of the letters I receive is that an inmate's medical issues are simply ignored when the issue of entering a treatment program comes up. I am sure there are inmates who feign illness to avoid programs, but the letters I am getting are from inmates who have clearly identifiable illness or injury who are getting no medical care and being forced to participate in programs which sometimes actually harm them.

Why is Mr. DeJesus not receiving appropriate medical care for his failing liver and why is he being disciplined for failing to participate in a "Key" program when his very life hangs in the balance?

I await your response.

Sincerely yours,



Stephen A. Hampton

SAH/ph
Enclosures

✓ cc: David DeJesus, Sr.

OTO The Worden ~~3-E-I~~ ~~now on~~ 4-12-07

I pray & hope all is well, why I write is because of the lowlibry not letting get or made copy's because I dont have money.

You see I have ~~have~~ a lawsuc on H-R-Y-L-Z & medical, I needed to send a copy to the commissioner who has been helping me, so how can I send mr carl Danberg and other people, I thour that the lowlibry was to help? the woman said only legal work. This is legal work.

I dont have money & my family send me little money. now I can't sent no copy's to these other people, can you help me. Thank you

God Bless You

David De Jesus sr

David De Jesus Jr

209513 - MSB-F

cc

my lawyer

us District court
commissioner

P.S. can I get copy of the lowlibry Rule Please.

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

FORM #585

MEDICAL GRIEVANCEFACILITY: S-C-2DATE SUBMITTED: 4-26-07INMATE'S NAME: David DeJesusSBI#: 209513HOUSING UNIT: MSB-F

CASE #: _____

SECTION #1DATE & TIME OF MEDICAL INCIDENT: Ongoing

TYPE OF MEDICAL PROBLEM:

I am having side effects and there are more side effects that are not on the consent for treatment form you "CMS" give me to sign and they have miss some dose, so why keep trusting these killer with my life when they have lie to me alot of time.

GRIEVANT'S SIGNATURE: David DeJesus DATE: 4-26-07

ACTION REQUESTED BY GRIEVANT: To stop lying and do the right thing to help me get the right meds. I also want to wait and to I get help from the court to get or not from CMS who I can trust with my life

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**

FACILITY: SUSSEX CORRECTIONAL CENTER

This request is for (circle one): MEDICAL **DENTAL MENTAL HEALTH**

David De Jesus Sr

Name (Print)

MSB-F

Housing Location

5-11-69

Date of Birth

209513

SBI Number

5-14-07

Date Submitted

Complaint (What type of problem are you having) I am having pain again around my liver can someone please tell me whats wrong, I also need to ask the Dr something about a shot a nurse give me if he order it.

David De Jesus Sr

Inmate Signature

5-14-07

Date

The below area is for medical use only. Please do not write any further

S:

O: Temp: _____ **Pulse:** _____ **Resp:** _____ **B/P:** _____ **WT:** _____

A:

P:

E:

Provider Signature and Title

Date

Time

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**

FACILITY: SUSSEX CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

David De Jesus Sr

Name (Print)

MSB-F

Housing Location

5-11-69

Date of Birth

209513

SBI Number

5-20-07

Date Submitted

Complaint (What type of problem are you having) on 5-16-07 I seen a nurse
because I put in a sick call for pain where my liver is They meaning
you people never did anything no Dr at all is that cruel and
unusual punishment

David De Jesus Sr

Inmate Signature

5-20-07

Date

The below area is for medical use only. Please do not write any further

S:

O: Temp: _____ **Pulse:** _____ **Resp:** _____ **B/P:** _____ **WT:** _____

A:

P:

E:

Provider Signature and Title

Date

Time

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

NOTICE OF ADMINISTRATIVE
TRANSFER

DATE: 5/27/07

TO: Inmate: David DeTeau

I.D. NO: 00209513

The undersigned beleives that your behavior and/or attitude may warrant confinement to a more restrictive setting. Consequently, you are hereby administratively transferred to

ASDA
pending completion of an investigation, disposition of pending charges, and/or reclassification.

(Awaiting Housing)

Capt Paul Walker
Watch Commander

cc: Inmate File

FORM #: 206
(G&P)

FORM #585

MEDICAL GRIEVANCEFACILITY: S-C-IDATE SUBMITTED: 5-30-07INMATE'S NAME: David De Jesus srSBI#: 209513HOUSING UNIT: MSB-F

CASE #: _____

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: not going

TYPE OF MEDICAL PROBLEM:

I am having problem I am to sick & in pain to go thour all this on 5-24-07 with all the pain I am, I was put in a restrictive setting by nurse michelle ward who I am having problem with, I said to her I got the T-B shot on 3-29-07 when I came in, and was told it was good, I told her I will not take it again I test "t" all the time, It's not my doing if C-M-S did not do there job, I'm glad I don have it this hold w'd would getting it, because C-M-S did not do there job, so I got wrote up, she even lie by saiding that my lawyer told m to where in the world she got that, all I need is help ~~and then~~

GRIEVANT'S SIGNATURE: David De Jesus sr DATE: 5-30-07

ACTION REQUESTED BY GRIEVANT: To stop ploying with my life and get me a st Dr or Hosptal its wrong to leave someone in pain. like you "C-M-S" is doing to me, I want all to pay for all C-M-S done to me I am Human. "Not a Dog"

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

DELAWARE DEPARTMENT OF CORRECTIONS REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

FACILITY: SUSSEX CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

David De Jesus Sr
Name (Print)

P/T-4
Housing Location

5-11-69
Date of Birth

209513
SBI Number

5-26-07
Date Submitted

Complaint (What type of problem are you having) I can't believe that I am left with out any thing for pain or any meds at all I am in so much pain no one is caring at all I took the T-B shot and stil
in this restrictive setting knowing how sick I am to put me thoe
here and here with out no medical help
David De Jesus Sr 5-26-07
Inmate Signature Date

The below area is for medical use only. Please do not write any further

S: _____

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: _____

Provider Signature and Title

Date

Time

FORM #584

GRIEVANCE FORM

FACILITY: S-C-I DATE: 5-24-07
 GRIEVANT'S NAME: David De Jesus SBI#: 209513
 CASE#: _____ TIME OF INCIDENT: on going
 HOUSING UNIT: MSB-E

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I need help I was put in restrictive setting because of a nurse name Michelle Ward. I been having problems with her, I even put in a medical grievance and still no help, I have put her on the lawsuit also she give me a shot on 5-9-07 with out the Dr order, so now she go to give me a T-B shot, I said I got one on the day I came in 3-9-07 and was told it was good, I told her I will not take it again its not my doing if they did not do there job and if they did not come in need it like they should off, This fail would of got to But thank God I dont because a nurse & Dr told me I was ok when I was in the "SAFE" I am to sick to be put there this is a pain my liv. is giving up is that right?

ACTION REQUESTED BY GRIEVANT: To help me fix this I am in pain & sick with a bad liver Please look into this, I wish that this nurse can stop taking it out on me because of the lawsuit on her & C-M-S and where is all my thing? Please help me. I dont bother no one Just do my time. I am to sick for This

GRIEVANT'S SIGNATURE: David De Jesus DATE: 5-24-07

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
 GRIEVANT

IM: A
SUSSEX Co.
P.O. BOX 500
GEORGETOWN, DELAWARE 19947

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Judge Joseph J. Farnan Jr # 06-209-JJF
US District Court
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Wilmington DE 19801

AVX
SWS